<del>-</del>	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction 0	Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI  M Tony W  NICKNAME LAST SUFFIX  Reynolds	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE		JAN 30 2024  DINECE GREGORY COUNTY OLE TYLER COUNTY, TEXAB  Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Beverly C  NICKNAME LAST SUFFIX  Chrissy Reynolds	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY:  3601 FM 3065 Colmesneil, TX	STATE; ZIP CODE 75938
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 936 ) 240-2472	
9 REPORT TYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month  1 / 1 / 24 THROUGH 1	Day Year / 25 / 24
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  3 / 5 / 24 General Special	E
12 OFFICE	Tyler County Constable Pct. 3 Tyler County C	1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IS COMMITTEE TYPE COMMITTEE NAME	NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	<u></u>

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID	) (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	V	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	, '	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	!	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG	ST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and corre	ect and incl	udes all information
	To has	m.	,	
	Signature of Ca	andidate or	Officeholde	er
	Diana comulate sither entire heles			
	Please complete either option below	v.		
	WENDY SUE BENDY			
<b>1</b> (*	Notary ID #131480440 My Commission Expires			
(4) A60-louit	March 7, 2026			
(1) Affidavit				
NOTARY STAMP/SEA	L _			
Swam to and subsarihad	before me by Tonky Reynolds this the	30th	dou of 1	CINUCIAI.
<b>1</b> • ( )	. 1 . 1	<u> </u>	day or	unuary.
	which, witness my hand and seal of office.	1.1.1	6,000	lane
Signature of officer edminister	Ser Jerrison Control of Section Services	<u> </u>	OF OFFICE	administering oath
Signature of onice (administr		11	trie of officer	administering dath
(2) Unsworn Declarati	on ·			
My name is	, and my date of birth is	·		· · · · · ·
My address is				<del> </del>
	(street) (city)	state) (zi	ip code)	(country)
Executed in	County, State of , on the day of (mont)	<del></del> ,	, 20 <u>(year)</u>	•
	(11010)	.,		
	Signature of Candi	date/Officeb	older (Decl	arant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIE	BUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)						
	6 Contributor address; City;	State; Zip Code							
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)						
	Contributor address; City;								
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	itions)						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)						
	Contributor address; City;	State; Zlp Code							
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)						
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)						
	Contributor address; City;	State; Zip Code							
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

				<u> </u>		
Th	ne Instruction Guide explains how to complete this form	n,	1 Total pages Schedule A2:			
2 FILER NAM	E		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	-		
5 Date	6 Full name of contributor		8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Charle if travel autom	[ ] ] ide of Texas, Complete Schedule T.		
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	·	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	m of contributor's spou	ise (if any) (FOR JUDICIAL)		
16 if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description  I I I I I I I I I I I I I I I I I I		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	<u> </u>	AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	JDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
			-			
		_				
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	ULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	ii tile reques	ned information is not applicable, bo Not include the	iia page	in the report.	
	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State; Zip	Code		 
			•	Check if travel outs	l . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)  11 Emplo	oyer (See l	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip	Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions) Empl	oyer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip	Code		
					ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions) Empl	loyer (See	Instructions)	
	Date	Full name of pledgor	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip Co	ode		1
				Check if travel outs	lide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions) Empl	loyer (See	Instructions)	
			<u> </u>		
	lf .	ATTACH ADDITIONAL COPIES OF THIS			requirements.

#### SCHEDULE E **LOANS**

If the requested	information is not applicable, DO NO	I include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#;)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fun- account (See Instruct	ds were deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
ant angliants	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See instructions)	
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	EDED
If le	nder is out-of-state PAC, please see in	struction guide for additional re	porting requirements.

Forms provided by Texas Ethics Commission

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Polling Expense Printing Expense Travel In District Travel Out Of District Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) City; State: Zip Code 7 Payee address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) City; State: Zip Code Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

			EXPENDI	TURE CATE	ORIES F	OR BOX 10(a)			-
Acco Cons Cons	ertising Expense bunting/Banking sulting Expense tributions/Donations Made B ndidate/Officeholder/Politica		Event Expense Fees Food/Beverage E: Gift/Awards/Mem Legal Services The Instruction	orlals Expense	Office Over Polling Exp Printing Ex Salarles/W		Solicitation/Fund Transportation E Travel In District Travel Out Of Di Other (enter a ca	iquipmen t Istrict	t & Related Expense
1 Tol	tal pages Schedule F2:	2 FILER	NAME		•		3 Filer ID (Eth	ics Com	mission Filers)
4 T	OTAL OF UNITER	/IZED UN	IPAID INCUR	RRED OBLI	GATION	<b>S</b>	\$		
5 Da	ate	6 Payee	name				<u> </u>	<del></del> , <u>-</u>	
7 An	mount (\$)	8 Payee	address;			City;	State	 э;	Zip Code
9 EX	TYPE OF (PENDITURE		Political	Ģ	Non-Pol	itical			
10 Ex	PURPOSE OF KPENDITURE	(a) Catego	ry (See Categories (i	sted at the top of this	schedule)	(b) Description			
		(c)	Check if travel outside	of Texas. Complete S	schedule T.	Check if Aus	stin, TX, officeholder i	living exp	ense
	mplete <u>ONLY</u> if direct penditure to benefit C/OI		ndidate / Officeh	oider name	0	ffice sought	Offic	ce held	
Da	ate	Payee	name	<del></del>	<u>.</u> .			<u>.</u>	·····
An	nount (\$)	Payee	address;			City;	State	<del></del> ;	Zip Code
E)	TYPE OF KPENDITURE		Political		Non-Po	litical		<u> </u>	
	PURPOSE OF (PENDITURE	Catego	ry (See Categories li	sted at the top of this	schedule)	Description			
			Check if travel outside	ie of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder	living ex	pense
	mplete <u>QNLY</u> if direct penditure to benefit C/OF		ndidate / Officeh	older name	0	ffice sought	Offic	ce heid	
		ATTA	CH ADDITION	AL COPIES C	F THIS S	CHEDULE AS NE	EDED		

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

<u> </u>	<u> </u>					
The Instru	ction Guide explains how to complete this form.	<b>1</b> To	otal pag	es Schedul	e F3:	
2 FILER NAME		3 Fil	iler ID	(Ethics Com	mission	Filers)
4 Date 5 Nam	ne of person from whom investment is purchased	<del>-</del>				
6 Add	dress of person from whom investment is purchased; Cit	у;		State		Zip Code
7 Des	scription of investment					
8 Am	ount of investment (\$)	. ,				
Date Nar	me of person from whom investment is purchased					
Add	dress of person from whom investment is purchased; City	/;	,	State	· · · · · · · · · · · · · · · · · · ·	Zip Code
Des	scription of investment	•				
Am	ount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS N	EEDE	.D		

#### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Ex

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	эВу		erage Expense s/Memorials Expense rices			7	Travel in Distri Travel Out Of ( Other (enter a c	District	not listed above)
The Instruction	Guide explains i	how to co	omplete this form.		USE A NEW PAGE	FOR EA	ACH CREDIT	CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					!	3 FILER ID (	Ethics (	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	'ENDITURES CHAR	GED TO A	CREDIT CARD				\$		-
5 CREDIT CARD ISSUER	Name of financi	ial instituti	ion						
6 PAYMENT	(a) Amount Char	ged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Ca	ard Issue	r Paid		
7 PAYEE	(a) Payee name		·	(b) Payee add	dress;	City		State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See	Categories list	sted at the top of this sched	lule)	(b) Description			-	
Political Non-Political	(c) Check i	if travel out:	side of Texas. Complete	± Schedule T.	Check	c if Austin,	TX, officeholde	r living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder n	name	Off	ice Sought		Offic	e Held	
PAYMENT	(a) Amount Charg	ged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Ca	ard Issuer	r Paid		
1	\$					·			
PAYEE	(a) Payee name			(b) Payee add	dress;	City	,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See	Categories list	sted at the top of this sched	ula)	(b) Description				
Non-Political	(c) Check i	if travel outs	side of Texas. Complete	Schedule T.	Checi	k if Austin,	, TX, officeholde	er living (	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	ceholder n	ıame	Offi	ice Sought		Offic	e Held	
PAYMENT	(a) Amount Charg	ged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Ca	ard Issuer	r Paid		
PAYEE	(a) Payee name			(b) Payee add	dress;	City	:	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See	Categories list	sted at the top of this sched	ule)	(b) Description				
Non-Political	(c) Check i	if travel outs	side of Texas. Complete	Schedule T.	Che		in, TX, officehol	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	ceholder n	iame	Offi	ice Sought		Offic	e Held	
	ATTACI	H ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS	NEED	ED		

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; Zip Code State: Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Clty; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Polit	cal Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed a						
Credit Card Payment		The Instruction Guide explains	how to complete this form.				
1 Total pages Schedule H:	2 FILER N	AME		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sch	edute) (b) Description				
	(c)	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	tin, TX, officeholder living ex	pense		
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	C	Office held		
Date	Business	s name					
Amount (\$)	Business	address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this scho	edule) Description				
	,	Check if trayel outside of Texas. Complete Scheo	fule T. Check if Aust	in, TX, afficeholder living exp	oense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	C	Office held		
Date	Business	s name			,		
Amount (\$)	Business	address;	City;	State;	Zip Code		
PURPOSE OF	Category	(See Categories listed at the top of this sch	edule) Description				
EXPENDITURE	1	Check if travel outside of Texas, Complete Sche	dule T. Check if Aust	tin, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name	Office sought	(	Office held		
	ATT	ACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED			

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name		<u> </u>	
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Se required.)	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	e instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	e instructions regarding type o	f Information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K;		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Name of person from whom amount is received	8 Amount (\$)		
6 Address of person from whom amount is received; City; State	e; Zip Code		
7 Purpose for which amount is received Check if p	political contribution returned to filer		
Date Name of person from whom amount is received	Amount (\$)		
Address of person from whom amount is received; City; Stat	te; Zip Code		
Purpose for which amount is received Check if p	political contribution returned to filer		
Date Name of person from whom amount is received	Amount (\$)		
Address of person from whom amount is received; City; State	e; Zip Code		
Purpose for which amount is received Check if p	political contribution returned to filer		
Date Name of person from whom amount is received	Amount (\$)		
Address of person from whom amount is received; City; Stat	te; Zíp Code		
Purpose for which amount is received . Check if p	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

#### SCHEDULE T

FOR TRAVEL OUTSIDE OF TEXAS	SCREDULE I
If the requested information is not applicable, DO NOT include this page i	n the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H  6 Dates of travel 7 Name of person(s) traveling	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
8 Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	•
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, so	eminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2  Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference, so	eminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.		
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••		
1	C/OH1	NAME 2 Filer ID (Ethics Commission Filers)		
3	SIGN/	SIGNATURE		
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that atting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any gn contributions or make any campaign expenditures without a campaign treasurer appointment on file.		
		Signature of Candidate / Officeholder .		
4		WHO IS NOTAN OFFICEHOLDER  splete A & B below <i>only</i> if you are not an officeholder. ••		
	A.	CAMPAIGN FUNDS		
	Chec	k only one:		
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
	В.	ASSETS		
	Chec	k only one:		
		I do not retain assets purchased with political contributions or interest or other income from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.		
		Signature of Candidate		
5		EHOLDER  plete this section <i>only</i> if you are an officeholder ••		
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
		Signature of Officeholder		